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Bib Data Sheet

CONFIRMATION NO. 8372

SERIAL NUMBER 10/018,599	FILING DATE 05/22/2002  RULE	CLASS 514	GROUP ART UNIT 1654	ATTORNEY DOCKET NO. 1161.1027064
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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a 371 of PCT/US00/18747 07/07/2000  
 and is a CON of 09/348,881 07/07/1999 PAT 6,288,027  
 which is a CIP of 09/173,189 10/14/1998 PAT 6,271,351  
 which is a CIP of 08/974,658 11/19/1997 ABN  
 which is a CON of 08/471,583 06/07/1995 PAT 5,691,452  
 which is a CIP of 08/458,916 06/02/1995 PAT 5,840,852  
 which is a CON of 08/409,337 03/23/1995 PAT 5,854,209

02

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

now

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature: <i>[Signature]</i> Initials: <i>as</i>	STATE OR COUNTRY MA	SHEETS DRAWING	TOTAL CLAIMS 9	INDEPENDENT CLAIMS 2
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## TITLE

Preserving a hemoglobin blood substitute with a transparent overwrap

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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